



HAWAII STATE ETHICS COMMISSION
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MEDCO

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Laubacher	Cynthia	M.	916-726-1081
MAILING ADDRESS (Street)			FAX
7017 Cobalt Way			916-726-9756
(City)	(State)	(Zip Code)	
Citrus Heights	CA	95621	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Medco Health Solutions, Inc.			719-487-3009
MAILING ADDRESS (Street)			FAX
19520 Yellow Wing Court			719-481-8093
(City)	(State)	(Zip Code)	
Colorado Springs	CO	80908	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Peter F. Harty, VP Govt. Affairs & Policy			719-487-3009
MAILING ADDRESS (Street)			FAX
19520 Yellow Wing Court			
(City)	(State)	(Zip Code)	
Colorado Springs	CO	80908	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Cynthia Zautscher

(Signature of Lobbyist)

12/11/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Peter F. Harty	VP, Government Affairs and Policy

NAME OF ORGANIZATION (if applicable)
Medco Health Solutions, Inc.

TELEPHONE
719-487-3009

MAILING ADDRESS (Street)
19520 Yellow Wing Court

FAX
719-481-8093

(City)	(State)	(Zip Code)
Colorado Springs	CO	80908

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Peter F. Harty
(Signature of Authorizing Officer or Person Represented)

12/15/06
(Date)